

HEALTH ENTITIES

COMPANY NAME: _____ **NAIC Company Code:** _____

Contact: _____ **Telephone:** _____

REQUIRED FILINGS IN THE STATE OF: NEW JERSEY **Filings Made During the Year 2005**

| (1) Check- list | (2) Line # | (3) REQUIRED FILINGS FOR THE ABOVE STATE | (4) NUMBER OF COPIES* | | | (5) DUE DATE | (6) FORM SOURCE** | (7) APPLICABLE NOTES |
|-----------------------|------------------|---|--------------------------|------|---------|---------------------------|-------------------------|----------------------------|
| | | | Domestic | | Foreign | | | |
| | | | State | NAIC | State | | | |
| | | I. NAIC FINANCIAL STATEMENTS | | | | | | |
| | 1 | Annual Statement (8 1/2"X14") | 4 | 1 | 4 | 3/1 | NAIC | |
| | 1.1 | Printed Investment Schedule detail (Pages E01-E26) | 4 | 1 | Xxx | 3/1 | NAIC | |
| | 2 | Quarterly Financial Statement (8 1/2" x 14") | 4 | 1 | 4 | 5/15, 8/15, 11/15 | NAIC | |
| | | II. NAIC SUPPLEMENTS | | | | | | |
| | 10 | Actuarial Opinion / Certification | 4 | 1 | 4 | 3/1, 5/15, 8/15, 11/15 | Company | |
| | | | | | | | | |
| | 11 | Investment Risk Interrogatories | 4 | 1 | 4 | 4/1 | NAIC | |
| | 12 | Life Supplement | 4 | 1 | 4 | 3/1 | NAIC | |
| | 13 | Long-term Care Experience Reporting Forms | 4 | 1 | 4 | 4/1 | NAIC | |
| | 14 | Management Discussion & Analysis | 4 | 1 | 4 | 3/1, 5/15, 8/15, 11/15 | Company | |
| | 15 | Medicare Supplement Insurance Experience Exhibit | 4 | 1 | 4 | 3/1 | NAIC | |
| | 16 | Property/Casualty Supplement | 4 | 1 | 4 | 3/1 | NAIC | |
| | 17 | Risk-Based Capital Report | 1 | 1 | Xxx | 3/1 | NAIC | |
| | 18 | Supplemental Compensation Exhibit | 1 | N/A | N/A | 3/1 | NAIC | |
| | | III. ELECTRONIC FILING REQUIREMENTS | | | | | | |
| | 30 | Annual Statement Electronic Filing | Xxx | 1 | Xxx | 3/1 | NAIC | |
| | 31 | March .PDF Filing | Xxx | 1 | Xxx | 3/1 | NAIC | |
| | 32 | Risk-Based Capital Electronic Filing | Xxx | 1 | N/A | 3/1 | NAIC | |
| | 33 | Supplemental Electronic Filing | Xxx | 1 | Xxx | 4/1 | NAIC | |
| | 34 | Supplemental .PDF Filing | Xxx | 1 | Xxx | 4/1 | NAIC | |
| | 35 | June .PDF Filing | Xxx | 1 | Xxx | 6/1 | NAIC | |
| | 36 | Quarterly Electronic Filing | Xxx | 1 | Xxx | 5/15, 8/15, 11/15 | NAIC | |
| | 37 | Quarterly .PDF Filing | Xxx | 1 | Xxx | 5/15, 8/15, 11/15 | NAIC | |
| | | IV. AUDITED FINANCIAL STATEMENTS | | | | | | |
| | 51 | Accountants Letter of Qualifications | 1 | N/A | N/A | | Company | If Applicable |
| | 52 | Audited Financial Statements | 1 | 1 | 1 | 6/1 | Company | |
| | 53 | Audited Financial Statements Exemption Affidavit | 1 | N/A | N/A | | Company | If Applicable |
| | 54 | Designation of Independent CPA | 1 | N/A | 1 | | Company | If Applicable |
| | 55 | Notification of Adverse Financial Condition | 1 | N/A | N/A | | Company | If Applicable |
| | 56 | Report of Significant Deficiencies in Internal Controls | 1 | N/A | N/A | | Company | If Applicable |
| | 57 | Request for Exemption to File | 1 | N/A | N/A | 12/31/03 | Company | Must be written |
| | | V. STATE REQUIRED FILINGS | | | | | | |
| | 101 | Filings Checklist (with Column 1 completed) | 1 | 1 | 1 | 3/1 | State | |
| | 102 | State Filing Fees | 1 | 0 | 1 | 3/1 | State | See fee letter |
| | 103 | Signed Jurat Page | Xxx | 0 | Xxx | | Company | |
| | 104 | NJ Medicare Supplement Under 50 Plan | 1 | Xxx | 1 | 3/1 | State | See Note O |
| | 105 | NJ Individual Health & Small Employer Health | 1 | Xxx | 1 | 3/1 | State | See Note P |
| | | | | | | | | |

*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state.

**If Form Source is NAIC, the form should be obtained from the appropriate vendor.

| | | | |
|--|------------|---|---|
| | | NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS) | |
| | A | Required Filings Contact Person: | <u>Margaret P. Shaw</u> Telephone (609) 292-5350 ext 50099 e-mail: mshaw@dobi.state.nj.us |
| | B | Mailing Address: | P. O. BOX 325 Trenton, NJ 08625-0325 |
| | <u>B-1</u> | <u>Address for delivery by UPS, FEDEx etc.</u> | 20 West State Street 10 th Floor Trenton, NJ 08608 |
| | C | Mailing Address for Filing Fees: | <u>Same as above</u> |
| | D | Mailing Address for Premium Tax Payments: If missing form please call Daniel Boone, Dept of Treasury (609) 984-4128 or visit the Department of Treasury's website at: www.state.nj.us/treasury/taxation/prntins.htm to download the Premium Tax Forms. | New Jersey Division of Taxation P.O. BOX 247 Trenton, NJ 08625-0247 |
| | E | Delivery Instructions: | All filings must be postmarked no later than the indicated due date. If the due date falls on a weekend or holiday, then the deadline is extended to the next business day. |
| | F | Late Filings: | Companies will be fined \$100 per day for a late filing. |
| | G | Original Signatures: | Original signatures required on all filings from domestic companies. Foreign companies should follow the instructions from the NAIC. |
| | H | Signature/Notarization/Certification: | President & Secretary, or in their absence, two principal officers must sign the annual statement. |
| | I | Amended Filings: | Amended items must be filed within 10 days of their amendment, along with explanation of the amendments. If there are signature requirements for the original filing, same should be followed for any amendment. |
| | J | Exceptions from normal filings: | Foreign companies must supply a written copy of any exemption or extension received from its state of domicile at least 10 days prior to the filing due date to receive such from NJ. Domestic companies should apply at least 30 days prior to the due date. |
| | K | Bar Codes (State or NAIC) | Not Required |
| | L | Signed Jurat | Submitted as part of annual statement |
| | M | NONE Filings: | See NAIC Annual Statement Instructions |
| | N | Filings new, discontinued or modified materially since last year: | None of the filings have been discontinued since last year |
| | O | NJ Medicare Supplement Under 50 Plan | Mail to: N J Medicare Supplement Under 50 Plan C/o Pool Administrators 100 Great Meadow Road, Suite 112 Wethersfield, CT 06109 |
| | P | New Jersey Small Employer and Individual Health Benefits Program Call Ellen DeRosa (609) 633-1882 ext 50302 with questions. | Required of all carriers that report accident and health premiums in NJ. |